

# PREGNANCY COUNSELING CHECKLIST

For use of this form, see Fort Knox Pam 635-200

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, U.S.C., Section 3013.

**PRINCIPAL PURPOSE:** To inform you of the options, entitlements, and responsibilities in connection with your pregnancy.

**ROUTINE USES:** To assist you in planning as to how to meet your responsibilities to the child and to the military and to determine if there is anything that I or the Army can do to assist you in meeting those responsibilities.

**DISCLOSURE:** Disclosure of your SSN and other personal information is voluntary. You are not required to provide personal information to me, but Army regulations do require that you complete a Statement of Counseling. However, if you choose not to provide personal information to me, I may not be able to effectively assist you. No use of the information will be made outside DoD. A copy of the Statement of Counseling will be maintained in your military personnel files until this action is completed, at which time it will be destroyed.

For information on your entitlement to:	The basic facts are:	For more information, see:
1. Retention or separation	You may choose to remain in Service, or separate.	AR 635-200, paragraph 8-9.
2. Maternity care	<p>If you remain on active duty, you will receive treatment in a military facility, or in a civilian facility if there is no military maternity care available within 30 miles of your location.</p> <p>If you separate, you are authorized treatment only in a military facility which has maternity care. You are NOT authorized care in a civilian facility at Government expense.</p>	<p>AR 40-3, paragraph 2-35, for care while on active duty;</p> <p>AR 40-3, paragraph 4-44, for care after separation.</p>
3. Leave	You may request ordinary, advance, and excess leave in order to return home, or other appropriate place, for the birth of your child or to receive other maternity care. Such leave usually terminates with onset of labor. Nonchargeable convalescent leave for postpartum care is limited to the amount of time essential to meet your medical needs.	AR 630-5, chapter 9, section II.
4. Maternity clothing and uniforms.	Military maternity uniforms will be provided to soldiers.	AR 670-1, chapter 24, section IV, for maternity uniforms.
5. BAQ and Government quarters.	Availability depends on the status of quarters at your installation.	Post housing office.
6. Assignments	You will not normally receive PCS orders directing movement overseas during your pregnancy. However, you will be considered available for unrestricted world-wide assignment upon completion of post-partum care. If overseas, you remain assigned overseas.	AR 614-30, paragraphs 2-5 and 2-8.

For information on your entitlement to:	The basic facts are:	For more information, see:
7. Separation for unsatisfactory performance, misconduct, or parenthood.	If your performance or conduct warrant separation for unsatisfactory performance or misconduct, or if parenthood interferes with your duty performance, you may be separated involuntarily even though you are pregnant.	AR 635-200, paragraph 5-8 and 13-2, and chapters 11 and 14.
8. Family care counseling.	You must have an approved Family Care plan on file stating actions to be taken in the event you are assigned to an area where dependents are not authorized or you are absent from your home on military duty. Failure to develop an approved care plan will result in a bar to reenlistment.	DA Pam 600-8, Procedure 9-6. AR 601-280, chapter 6.

Should you desire assistance in gathering additional information on the above subjects, I will assist you in locating the appropriate information. Further, if you desire, I will assist you in contacting the American Red Cross or other appropriate agencies.

### PREGNANCY STATEMENT OF COUNSELING

I affirm that I have been counseled by \_\_\_\_\_ (Grade) \_\_\_\_\_ (Name) this date on all items on the attached counseling checklist and I understand my entitlements and responsibilities. I understand that if I elect separation, I may receive maternity care at Department of Defense expense, on a space-available basis for up to 6 weeks postpartum for the birth of my child only in a military medical treatment facility which has maternity care capability and that I may elect a separation date no later than 30 days prior to expected date of delivery, or latest date by physician will authorize me travel, whichever is earlier. Further, I understand that many military medical treatment facilities cannot provide maternity care and that unforeseen circumstances or medical emergency could force me to use civilian medical treatment facilities following separation from active duty. Should this happen, I fully understand that UNDER NO CIRCUMSTANCES can TRICARE, any military department, or the Veterans Administration reimburse my civilian maternity care expenses. Such costs will be a matter of my personal responsibility. Further, I understand that the separation authority, in conjunction with my military physician and the needs of the Army, will determine my separation date. I understand that if I should remain on active duty, I will be expected to fulfill the terms of my enlistment contract. If I elect to remain on active duty, I understand that I must remain available for unrestricted service on a worldwide basis when directed and that I will be afforded no special consideration in duty assignments or duty stations based on my status as a parent.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_ (635-200a)  
(Office Symbol)

\_\_\_\_  
(Date)

MEMORANDUM FOR \_\_\_\_\_  
(Individual Concerned)

SUBJECT: Pregnancy Statement of Counseling

Request your election of appropriate option indicated below and return within \_\_\_\_\_ days.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name - typed or printed)

\_\_\_\_\_  
(Rank/Branch)

\_\_\_\_\_  
(Commanding)

\_\_\_\_ 1st End  
(Office Symbol)

\_\_\_\_\_  
(From)

\_\_\_\_\_  
(Date)

FOR \_\_\_\_\_

\_\_\_\_ During the counseling session there was no coercion on the part of the counselor influencing my decision.

\_\_\_\_ I elect separation for reason of pregnancy per AR 635-200, chapter 8 \_\_\_\_\_. I desire to remain on active duty until \_\_\_\_\_ (date). (In no case later than 30 days prior to expected date of delivery.)

\_\_\_\_ I elect to remain on active duty to fulfill the terms of my enlistment contract.

\_\_\_\_\_  
(Signature of Soldier)

\_\_\_\_\_  
(Name - typed or printed)

\_\_\_\_\_  
(Grade, SSN)

DISTRIBUTION:  
1 Copy Local Unit File  
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